

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						31								
2		1					32								
3		1					33								
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48															
49															
50															
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	16						TOTAL DEP.								
TOTAL CLAIMS	17						TOTAL CLAIMS								